

Inspection Requests: 801-944-7000
Code Questions: 801-557-6843
Building Dept. Fax: 801-944-7006
Zoning Questions: 801-944-7000
City Offices: 801-944-7000

CITY OF COTTONWOOD HEIGHTS
1265 E. Fort Union Blvd., #250, Cottonwood Heights, UT 84047
BUILDING PERMIT

(This application becomes a permit upon required approvals and acceptances of required fees.)

PERMIT #

PARCEL #

Residential

Commercial (name of business to occupy space _____)

Description of Work _____

☐ New ☐ Addition ☐ Remodel ☐ Tenant Finish ☐ Move Building ☐ Pre-Inspection
☐ Demolitions (Health approval _____; Historic _____) ☐ Other _____

Address _____

If named street, give coordinate location _____; Parcel # _____

Subdivision _____ Lot # _____ Lot Size _____

Owner _____ Phone _____

Owner Address _____ City/ST _____ Zip _____

Applicant _____ Phone _____

Applicant Address _____ City/ST _____ Zip _____

CONTRACTOR/DESIGNERS

Name	State License #	Phone #
General _____	_____	_____
Electrical _____	_____	_____
Mechanical _____	_____	_____
Plumbing _____	_____	_____
Architect/Engineer _____	_____	_____

CHECK ONE

☐ **LICENSED CONTRACTOR DECLARATION:**

I hereby affirm that all work will be performed by contractors licensed under the Construction Trades Licensing Act (58-55, UCA) whose licenses are in full force and effect.

If contractors have not been selected at the time of the application for this permit, the permit is issued only on the condition that currently licensed contractors shall be selected by the applicant, that the applicant shall provide the names and license numbers of the contractors to the City of Cottonwood Heights, and shall enter the same names and numbers on the permit before they begin their work.

☐ **OWNER-BUILDER DECLARATION**

I hereby claim exemption from the requirement for licensing under the Construction Trades Licensing Act (58-55, UCA) because work will be performed by the owner of the property for his/her private, non-commercial, non-public use. Any work not performed by the owner will be performed by a contractor licensed under the Construction Trades Licensing Act, and the names and license numbers of the contractors shall be provided to the City of Cottonwood Heights, and shall be entered on the permit before their work is begun.

This permit shall become null and void if work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days or more at any time after the work has commenced. Commencement or continuation of work shall be verified only by inspection reports from an inspector for the City of Cottonwood Heights. All required inspections shall be requested at least one working day before they are to be made. Inspections are required before any work is covered. Please call if you need further information about when an inspection is required.

I hereby certify that I have read and examined this permit and that the information provided by me is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction

Signature of Applicant _____

Date _____

Please Print Name _____

Zoning Comments _____

Approved _____ Date _____

Building Code Comments _____

Approved _____ Date _____

Date _____

Zone _____

☐ Minimum OR Setbacks ☐ See Approved Site Plan

Front _____ Side _____

Rear _____ Side _____

Corner Lot ☐

Manufactured Home ☐

HAZARDS

	Yes	No
Flood Plain	<input type="checkbox"/>	<input type="checkbox"/>
Fault Rupture	<input type="checkbox"/>	<input type="checkbox"/>
Liquefaction	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

CARD FILE # _____

PERMIT TYPE FEES

Building (_____)

Gas Line (_____)

Building Subtotal _____

Plan Check _____

Park Impact _____

Electrical _____

Mechanical _____

Plumbing _____

Grading _____

Demolition _____

Pre-Inspection _____

State Surcharge _____

Fire _____

Zoning Review _____

Storm Water Impact Fee _____

Transportation Impact Fee _____

Prepaid PC (_____)

Other _____

TOTAL \$ _____

Receipt # _____

Rec'd by _____ Date _____

Check # _____

Valuation \$ _____

Type of Construction _____

Occupant Load _____

Group/Division Square Feet _____

Fire Sprinklers Yes ☐ No ☐